PTO/SB/51 (05-08)

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| Docket Number (Optional)

| REISSUE APPLICATION DECLARATION BY THE INVENTOR | CMCC 450 DIV REI | | | | | |
|--|--|--|--|--|--|--|
| I hereby declare that: Each inventor's residence, mailing address and citizenship are stated below next to their name. I believe the inventors named below to be the original and first inventor(s) of the subject matter which is described and claimed in patent number | | | | | | |
| the specification of which | 1 | | | | | |
| is attached hereto. | 40.700.770 | | | | | |
| was filed on February 19, 2004 as relssue application num | ber 10//82,750 | | | | | |
| and was amended on(If applicable) | | | | | | |
| I have reviewed and understand the contents of the above-identified specific amendment referred to above. I acknowledge the duty to disclose information which is material to patentable. | | | | | | |
| I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), equivalent) listing the foreign applications. | or 365(b). Attached is form PTO/SB/02B (or | | | | | |
| I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.) | | | | | | |
| by reason of a defective specification or drawing. | | | | | | |
| by reason of the patentee claiming more or less than he had the right to | o claim in the patent, | | | | | |
| by reason of other errors. | | | | | | |
| At least one error upon which reissue is based is described below. If the reis reissue, such must be stated with an explanation as to the nature of the broad | | | | | | |
| TALANA SANTA MARIANA M | | | | | | |
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[Page 1 of 2]
This collection of information is required by 37 CFR 1.175. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 30 minutes to complete, including gethering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any comments on the amount of time you require to complete this form and/or suggested for for deucing this burden, should be sent to the Chief Information Officer, U.S. Palent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450.

ADDRESS. SEND TO: Commissioner for Patents, F.O. Box 1450, Alexandria, VA 22313-1450.

This application was filed to correct errors in claim 1. Claim 1 was amended by removing the step of "implanting into an animal or human the matrix at a site where the resulting cell-construct is needed". Deletion of the second implanting step serves to encompass methods wherein the matrix was cultured in vivo as well as in an equivalent method, such as a bioreactor. Claim 1 was directed to a "cell-matrix construct" and not positively limited to heart valve constructs. New claim 20 was added to include language that further defines the matrix, where the matrix includes "struts" or "support" elements, which were not previously claimed.

PTO/SB/51 (05-08)
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| (REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2) | | Docket Number (Optional) CMCC 450 DIV REI | | | | | | |
|---|---------------------------------|---|--|-------------|--|-------------|--|---|
| All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant. | | | | | | | | |
| Note: To appoint a power of attorney, use form PTO/SB/81. | | | | | | | | |
| Correspondence Address: Direct all communications about the application to: | | | | | | | | |
| | ssociated with Customer Number: | 23579 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | <u>announce and announce of planning agreement which and a single agree of a single ag</u> | | | |
| OR Firm or | , | <u> </u> | | | | | | |
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| City | | State | | | | Zip | | |
| Country | | | | | | | | |
| Telephone | | | Email | | | | | |
| Petitioner/applicant is cautioned to avoid submitting personal information in documents filed in a patent application that may contribute to identity theft. Personal information such as social security numbers, bank account numbers, or credit card numbers (other than a check or credit card authorization form PTO-2038 submitted for payment purposes) is never required by the USPTO to support a petition or an application. If this type of personal information is included in documents submitted to the USPTO, petitioners/applicants should consider redacting such personal information from the documents before submitting them to the USPTO. Petitioner/applicant is advised that the record of a patent application is available to the public after publication of the application (unless a non-publication request in compliance with 37 CFR 1.213(a) is made in the application) or issuance of a patent. Furthermore, the record from an abandoned application may also be available to the public if the application is referenced in a published application or an issued patent (see 37 CFR 1.14). Checks and credit card authorization forms PTO-2038 submitted for payment purposes are not retained in the application file and therefore are not publicly available. I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed. Full name of sole or first inventor (given name, family name) Joseph P. Vacanti | | | | | | | | |
| Inventor's signature | | Date | | | | | | |
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| Additional joint inventors or legal representative(s) are named on separately numbered sheets forms PTO/SB/02A or 02LR attached hereto. | | | | | | | | |

| | | • | | Approvac | for use that | ough Öl | PTO/58/02A (07-07) 6/30/2010. OMB 0651-0032 RTMENT OF COMMERCE |
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| Name of Additional Joint Inventor, if an | | A pet | | | for this u | | ed Inventor |
| Given Name (first and middle (if any)) | | | | Family N | lame or St | mam | • |
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If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.